FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to		2. Federal Grant or Other Identitying Number Assigned			No.5	, T. C.		1	•		
Which Report is Submitted		by Federal Agency		No.EF	20,59		(_)		1		
Denali Commission		#262-07				7/2		[종]			
3. Recipient Organization (N		iress, including	ZIP Code)		' /	mo	1	 			
P.O. Box 8					·	PENALI	CON				
Metlakatia, AK	99926										
4. Employer Identification Number 5. Recipient Account Number 6			ccount Number or	Identifying Number	6. Fina	6. Final Report			7. Basis		
92-0011				^ Yes		,		XACC			
8. Finding/Grant Period (See Instructions)				i	d Covered by this Report		To: (Month, Day, Year)				
From: (Month, Day, Year)	40	From: (Month. Day			-			6/30/2007			
11/1/2	12	/31/2007	1/2007 4/1/			11.			0/30/2007		
				Previousl	. 1	This			111.		
10. Transactions:				Reported	• 1	Period			Cumulative		
1 Spr - 1 Spr reported State 2 Spr -						. 277010			.,		
a.Total Outlays				\$	- \$	135,29	00.8	\$ 1:	35,296.	00	
b.Recipient share of outlays					\$		*	\$			
a Fodoral abore of outland					. ء ا	35,291	. 170		35,29 6 .	ا ہہ	
c.Federal share of outlays				<u> </u>	- 3 '	57,21		\$.	35,296.	UU	
d.Total unliquidated obligations								S	_		
C. Foto: Gilliquidado Geligosoffo								<u> </u>			
e. Recipient share of unliquidated obligations								\$	*		

f. Federal share of unliquidated obligations								\$	_		
Table Forders (O. 11 of Konne and O.											
q. Total Federal share (Sum of lines c and f)								\$ 1:	35,296	UÜ	
h. Total Federal Funds authorized for this funding period								6 5	.000,000	ഹ	
16, rotal reactar runds authorized for this runding period								, ,	00,000.	VV	
I. Unobligated balance					\$ 3	64,704	00				
a. Type of Rate (place "x" in appropriate Box)											
11. Indirect	b. Rate c. Base				d. Total Amount			e. Federal Share			
Expenses		7.74	7.74								
	·							<u> </u>			
12. Remarks:											
13. Certification: I certify to	the hest of my knowle	doe and helief	that this renort is o	omect and complete s	and that all or	ntiave and	i in line iši	dated			
1	tions are for the purpos					enwin min	are as surpling as				
14. Typed or Printed Name and Title				~	Telephone (Area Code,				Number & Ext.)		
Viotor Wollington Sr. Mayor				(Bases	(907) 886-4441						
Victor Wellington Sr., Mayor Signature of Authorized Certifying Official								1			
Signature of Authorized Cer		Date F	leport Sub	mitted							
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4	- Liet	* *	(Market)						5/1/2	007	
Previous Editions not Unus	Standard Form	Standard Form 269A (Revenue 4-88)									